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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)					Docket Number (Optional)		
FY 2005					HALO1330-1		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number 10/539,110 For HUMAN CHONDROITINASE GLYCOPROTEIN (CHASEGP), PRO					Filed April 19, 2006		
For ANI	D PHA	RMACEL	DROITINASE GLYCOPROTE ITICAL COMPOSITIONS CO	EIN (CHASEGP), PRO MPRISING THEREC	OCESS FOR PI	REPARING TH	IE SAME,
Art Unit 1652					Examiner I. H. Chowdhury		
This app	s is a re lication	equest und	er the provisions of 37 CFR 1.13	6(a) to extend the perio	d for filing a reply	in the above ide	entified
The	reques	sted extens	sion and fee are as follows (chec	k time period desired a	nd enter the appro	opriate fee belov	v):
	<u>Fee</u> <u>S</u>				mall Entity Fee		
		One mo	onth (37 CFR 1.17(a)(1))	\$120	\$60	\$	
		2		\$460	\$230	\$	
	\boxtimes			\$1050	\$525	\$	
		Four mo	onths (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
		Five mo	nths (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
\boxtimes	Applicant claims small entity status. See 37 CFR 1.27.						
	A check in the amount of the fee is enclosed.						
	Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.						
X	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1896.						
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
am	the	□ a	applicant/inventor.				
 assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). 							
		□ attorney or agent of record. Registration Number <u>38.347</u>					
attorney or agent under 37 CFR 1.34. Begistration nymber if acting under 37 CFR 1.34.							
		$\searrow \swarrow$	registration number if acting unde	9r 37 CFR 1.34			
_	-	Xı	sa Nacy		September 24		
Lisa A. Haile, J.D., Ph.D.					(858) 677-1456	Date 6	
			Typed or printed name			lephone Number	
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit muttiple forms if more than one gnature is required, see below.							
☑ Total of 1 form is submitted.							

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTIO process an application. Confidentially 3 operanded by 3 U.S.P. (1. 1.304g), I ne immonition is required to obtain or retain a benefit by the public which is to file (and by USPTIO process) an application. Confidentially 3 operanded by 3 U.S.P. (2. 4.0 at 3 CTR Ft. 1.11 and 1.14. This collection is estimated to ble 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTIO. Time will vary depending upon the inclinates to complete, including gathering, preparing, and submitting this form and/or suggestions for recluding this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Abexandia, VA 2231-3449, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. 80x 1450, Abexandia, VA 2231-3449, VA 2231-3449.